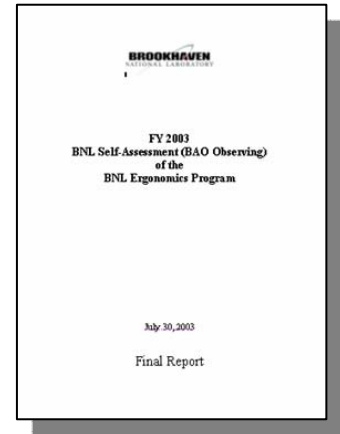


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## Contents

- 1.0 Purpose & Scope
- 2.0 Responsibilities
- 3.0 Definitions
- 4.0 Prerequisites
- 5.0 Precautions
- 6.0 Procedure/ Equipment
- 7.0 Implementation and Training
- 8.0 References
- 9.0 Attachments
- 10.0 Documentation



[Note: SOP numbered changed on 11/04/08. No text changes.]

### 1.0 Purpose & Scope

This document describes the acceptable content of an Industrial Hygiene subject area Self-Assessment Report and Corrective Action Plan. The goal of the procedure is to provide a uniform methodology and protocols to ensure high quality assessments.

### 2.0 Responsibilities

- 2.1 **Program Administration:** This procedure is administered through the SHSD Industrial Hygiene Group.
- 2.2 **Lead Assessor** is responsible to follow this procedure in documenting the assessment and entering information into the BNL system for tracking the status of closure of action items.

### 3.0 Definitions

<p align="center"><b>BROOKHAVEN NATIONAL LABORATORY</b> Safety &amp; Health Services Division</p> <p align="center"><b>INDUSTRIAL HYGIENE GROUP</b> Standard Operating Procedure: Program Procedure</p>	<p>NUMBER <b>IH40520</b> [Replaces IH50520]</p>
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3.1 **Corrective Action Plan:** A document that describe actions that need to be taken to correct a deficiency or gap in a BNL IH Program or line organization implementation of the BNL program.

3.2 **Lead Assessor:** A person assigned by the IH Group Leader to plan, organize, lead and document the self-assessment.

3.3 **Self Assessment Report:** A document that describe method and results of a audit of a BNL IH program.

3.4 **Self-Assessment Report and Corrective Action Plan issues hierarchy:**

- **Noteworthy Practice:** Exemplary action that is above and beyond program compliance and is worthy recognition as highly positive. These are noted in the *Self-Assessment Report*, but not tracked in the *Corrective Action Plan*.
- **Observation:** A minor non-compliance with a regulatory driver, a non-compliance with a best management practice, or a recommendation of a possible program improvement. The minor non-compliance with a regulatory driver are entered in the *Corrective Action Plan*. The non-compliances with a best management practice or recommendations are entered in the *Corrective Action Plan* at the discretion of the *Lead Assessor*.
- **Finding:** A moderate to serious non-compliance with a regulatory driver. These are entered in the *Corrective Action Plan*.
- **Concern:** A very serious non-compliance with a regulatory driver. Immediate action should be taken if imminent danger is present. These are entered in the *Corrective Action Plan*.

**4.0 Prerequisites** *Lead Assessors* must have subject matter expert knowledge of the topic to be assessed.

**5.0 Precautions**  
None

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## **6.0 Procedure**

### **6.1 Equipment: None**

### **6.2 Conducting the assessment:** Follow all steps in IH50520 *Conducting an IH Self-Assessment*.

### **6.3 As per IH50520, prepare the *Self-Assessment Report* using the following steps:**

- 6.3.1 The *Lead Assessor* prepares a Draft *Self-Assessment Report*.
- 6.3.2 The *Lead Assessor* circulates the Draft *Self-Assessment Report* to BAO counterpart and assessment team for review and comment.
- 6.3.3 The *Lead Assessor* prepares correspondence and routes the Draft *Self-Assessment Report* for factual accuracy review by impacted organizations and BNL management.
- 6.3.4 The *Lead Assessor* resolves issues and revises the Draft *Self-Assessment Report* based on comments received during the Factual Accuracy comment period.
- 6.3.5 The *Lead Assessor* issues the Final *Self-Assessment Report* to SHSD Management, the Office of Independent Oversight, and all parties assessed.
- 6.3.6 See Attachment 9.1 for the content of the Assessment Report. The report must at a minimum have the following information or equivalent:
  - Scope
  - Procedure
  - Conclusion & Recommendations
  - Written Program Review
  - List of documents reviewed
  - List of persons interviewed
  - Facility Level Interviews and Inspections
  - Attachment: Master Checklist
  - Attachment: Self Assessment Schedule
  - Attachment: Written Program Checklists
  - Attachment: Field Compliance Review Schedule
  - Attachment: Field Compliance Review Checklists

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6.4 **Corrective Action Plan:** If there are identified conditions that need corrections, as per IH50520, prepare the Assessment Report using the following steps:

- 6.4.1 The *Lead Assessor* prepares the *Draft Corrective Action Plan*.
- 6.4.2 The *Lead Assessor* circulates the *Draft Corrective Action Plan* to all organizations with an identified action for a Factual Accuracy review and consensus on action description and commitment dates.
- 6.4.3 The *Lead Assessor* resolves issues and revises the *Draft Corrective Action plan* based on comments received during the Factual Accuracy comment period.
- 6.4.4 The *Lead Assessor* issues the *Final Corrective Action Plan* to SHSD Management, the Office of Independent Oversight, and all parties with an identified action.
- 6.4.5 The *Lead Assessor* prepares *ATS* wording for concerns/finding and submit to IO (for Special Emphasis Assessments) and to SHSD FATS (for IH Group periodic assessments). See Attachments 9.2 and 9.3 for the content of the Corrective Action Plan.

## **7.0 Implementation and Training**

- 7.1 **Qualification Criteria:** Only individuals who have demonstrated knowledge of this procedure, to the satisfaction of the IH Group Leader, will be qualified to perform in the role of *Lead Assessor*. The qualification criteria to perform the role *Lead Assessor* are demonstrated competency in knowledge of this procedure and knowledge of the subject area to be assessed.

## **8.0 References**

- 8.1 Industrial Hygiene Auditing: A Manual for Practice, A. Leibowitz, AIHA Publications, 1994.

## **9.0 Attachments**

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9.1 **Attachment 9.1: Contents of an IHG Self Assessment Report**

9.2 **Attachment 9.2: Contents of an IHG Corrective Action Plan**

9.3 **Attachment 9.3: Format for Corrective Actions Entry into ATS**

10.0 **Documentation**

Document Development and Revision Control Tracking		
<p>Prepared By: (signature and date on file) R. Selvey Author Date 11/06/03</p>	<p>Reviewed By: (signature and date on file) K. Erickson Date 11/19/03</p>	<p>Approved By: (signature and date on file) R. Selvey IH Group Leader Date 06/07/04</p>
<p>ESH Coordinator/ Date:  <i>none</i></p>	<p>Work Coordinator/ Date:  <i>none</i></p>	<p>SHSD Manager / Date  <i>none</i></p>
<p>QA Representative / Date:  <i>none</i></p>	<p>Training Coordinator / Date:  <i>none</i></p>	<p>Filing Code: <b>IH52.05</b></p>
<p>Facility Support Rep. / Date:  <i>none</i></p>	<p>Environ. Compliance Rep. / Date:  <i>none</i></p>	<p>Effective Date: <b>06/07/04</b></p>
<p>ISM Review - Hazard Categorization <input type="checkbox"/> High <input type="checkbox"/> Moderate <input checked="" type="checkbox"/> Low/Skill of the craft</p>	<p>Validation: <input type="checkbox"/> Formal Walkthrough <input checked="" type="checkbox"/> Desk Top Review <input type="checkbox"/> SME Review Name / Date:</p>	<p>IMPLEMENTATION: Training Completed: n/a Procedure posted on Web: 10/05/05 Hard Copy files updated:</p>

Revision Log
<p>Purpose: <input type="checkbox"/> Temporary Change <input type="checkbox"/> Change in Scope <input checked="" type="checkbox"/> Periodic review <input type="checkbox"/> Clarify/enhance procedural controls</p> <p>Changed resulting from: <input type="checkbox"/> Environmental impacts <input type="checkbox"/> Federal, State and/or Local requirements <input type="checkbox"/> Corrective/preventive actions to non-conformances <input checked="" type="checkbox"/> none of the above</p> <p>Section/page and Description of change: Correction of Title error in Section 9 and Attachment 9.2 and 9.3. Added 6.3.6 requirement for list of document reviewed and person interviewed. No other changes required.</p>

The only official copy is on-line at the SHSD IH Group website.  
Before using a printed copy, verify that it is current by checking the document issue date on the website.

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(signature/date on file) R. Selvey 10/05/05 SME Reviewer/Date:	Reviewer/Date:	Reviewer/Date:
--	----------------	----------------

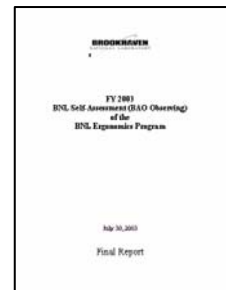
## Attachment 9.1

### Contents of an IHG Self Assessment Report

- Cover memo prepared on BNL "Memo" letterhead
  - Date: date assessment report is being transmitted
  - Addressee (To:)
  - Sender (From:)
  - Subject line: such as *FYnn BNL Self-Assessment of the xxxxx Program*
  - Body stating the content of the Attachment which is the *Self-Assessment Report*
  - SHSD File Code
  - CC: Addressee(s): should be all who participated in the assessment and all assessed.



- Report Cover Page
  - BNL Logo
  - Assessment title: such as *FYnn BNL Self-Assessment of the xxxxx Program*
  - Date:
  - "Final" or "Factual Accuracy" or "Draft" Status



- Assessment Report Text
  - Scope: A brief overview and summary (one to four paragraphs) describing the drivers, the date of the assessment, and the main topics addressed.
  - Procedure: Brief description of the procedure used to do the assessment, including links to checklists, and a short description of the IH50520 process.



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c. Conclusion & Recommendations: This is the bulk of the report and is used to describe in detail the “who, what and how” of what was assessed. To simplify the report, it is often best to describe a assessment technique, state who or what was assessed using that technique and describe the findings. Logical organization of the report may be:

- Written Program Review: assessment technique description and result
- Facility Level Interviews and Inspections: assessment technique description and result. Probably the best format is to list each line organization reviewed in give details of the state of program, noteworthy practices observed, and deficiencies observed. The hierarchy of observations are:
  - Observation
  - Finding and
  - Concern
- List of documents reviewed
- List of persons interviewed

d. Attachment: **Master Self-Assessment Task Checklist**: completed list that indicates when the key elements of the assessment were completed. It should document:

- **Scope and Planning meeting** conducted with all members of assessment team invited to participate (BNL-BNL, DOE-BAO, others) Meeting held on:
- **Regulatory Driver**, Consensus Standards, DOE Orders, and Best Management Practice documents regarding hazard identified and incorporated into the assessment?
  - Internet Web-site search Completed on;
  - Search performed by:
- **BNL Lab-wide Written Program reviewed** for compliance with drivers
  - Checklist prepared on;
  - Reviewed by assessment team on;
  - Distributed to BNL organizations for review on;
  - Formal review performed on;
  - Review performed by:
- **Field Compliance** inspected for adherence to BNL Written program and regulatory drivers
  - Checklist Prepared by;
  - Checklist approved by Assessment Team on;

Task	Status	Date
1. Scope and Planning meeting	Yes	10/05/05
2. Regulatory Driver, Consensus Standards, DOE Orders, and Best Management Practice documents	Yes	10/05/05
3. BNL Lab-wide Written Program reviewed	Yes	10/05/05
4. Field Compliance inspection	Yes	10/05/05
5. Field Compliance inspection	Yes	10/05/05

<p align="center"><b>BROOKHAVEN NATIONAL LABORATORY</b> Safety &amp; Health Services Division</p> <p align="center"><b>INDUSTRIAL HYGIENE GROUP</b> Standard Operating Procedure: Program Procedure</p>	<p>NUMBER <b>IH40520</b> [Replaces IH50520]</p>
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- Field Reviews completed on;
  - Review performed by;
  - **Written Report prepared:** Assessment Team Preliminary Draft & Review Completed on; Factual Accuracy Review circulated on; Final Report prepared that incorporates FA comments on;
  - **Corrective Action Plan prepared:**
    - Action defined in Corrective Action Plan on;
    - Assessment, Conditions, and Action prepared for ATS entry on;
    - ATS actions transmitted to ATS office for entry on.
- e. Attachment: Self-Assessment **Schedule (optional)**: A detailed work breakdown structure timeline of the assessment project.
- Entries as columns for Task; Assigned to; Status/ (Duration); Calendar Due Date
  - Entries as rows for each major action, with sub-numbering of minor actions for each

#### Pre-Assessment Assistance to BNL Organizations

Announce assessment to organizations

Announce preparation/ guidance meeting(s)

Conduct preparation meeting and one-on-one meetings requested by BNL organizations

#### Self-Assessment Steps

Hold Assessment Scoping Meeting

Compile contractual/ regulatory drivers list

Prepare assessment **checklists** based on contractual drivers

Hold meeting or via email review driver list and checklists. Determine field assessments.

Announce start of field assessments via e-mail or memo and schedule field reviews on outlooks

Conduct "In Brief" (pre-review) meeting with key BNL managers(if requested by management).

Conduct BNL written program vs. regulatory driver(s) review

Conduct Field implementation reviews on BNL Organizations

#### Self-Assessment Report Preparation

Prepare *Draft Assessment report*

Circulate *Draft Assessment Report* to BAO counterpart for review and comment.

Prepare correspondence and route *Draft Assessment Report* for factual accuracy review by impacted organizations and BNL management

Factual Accuracy comment period



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Resolve issues and incorporate comments from FA review into *Final Assessment Report*  
Present *Final Assessment Report* to IO.  
Conduct “Out Brief” meeting (if requested by BNL management).  
Issue *Final Assessment Report* from BNL to BAO.

### Corrective Action Plan

Prepare draft *Corrective Action Plan* (CAP) based on Final report  
Distribute *Draft CAP* to affected organizations for comment  
Comment period on *Draft CAP*  
Resolve issues on *Draft CAP*  
Issue Final *Corrective Action Plan* to IO.  
Prepare *ATS* wording for concerns/finding and submit to IO for entry.

- f. Attachment: Written Program Checklists (optional to be included in report)

- Entries as columns for Regulatory Driver Organization, Driver Reference Number, Driver Requirement, Observed State, Compliance Status
- Entries as rows for items to be checked such as: Written Program; Hazard inventory; Hazard assessments; Initial Monitoring; Periodic monitoring; Training, Medical Surveillance, Waste Disposal; Emergencies; Recordkeeping and use of information

[illegible]

- g. Attachment: Field Compliance Review Schedule (optional to be included in report)

List of Dates; Organization to be Interviewed and Walk-Through; Point of Contact; IH Group Responsible Party

Attachment 4 Field Compliance Reviewers			
Field Compliance reviewed by reviewers: SLS, WMA program and DOE inspectors.			
Field Inspector	Supervisor/Reviewer	Reviewer	Inspector
101780	Deputy Supervisor S. E. H. S. Hays		Remondy R. Hays
101790	Regional Supervisor Light Rail S. H. Hays S. Hays		Remondy R. Hays
101790	Regional Supervisor Light Rail S. H. Hays S. Hays		Remondy R. Hays
101800	Majority of Compliance Department S. H. Hays		Remondy R. Hays
101810	Compliance Department S. H. Hays		Remondy R. Hays
101820	Compliance Department S. H. Hays		Remondy R. Hays
101830	Compliance Department S. H. Hays		Remondy R. Hays
101840	Compliance Department S. H. Hays		Remondy R. Hays
101850	Compliance Department S. H. Hays		Remondy R. Hays
101860	Compliance Department S. H. Hays		Remondy R. Hays
101870	Compliance Department S. H. Hays		Remondy R. Hays
101880	Compliance Department S. H. Hays		Remondy R. Hays
101890	Compliance Department S. H. Hays		Remondy R. Hays
101900	Compliance Department S. H. Hays		Remondy R. Hays
101910	Compliance Department S. H. Hays		Remondy R. Hays
101920	Compliance Department S. H. Hays		Remondy R. Hays
101930	Compliance Department S. H. Hays		Remondy R. Hays
101940	Compliance Department S. H. Hays		Remondy R. Hays
101950	Compliance Department S. H. Hays		Remondy R. Hays
101960	Compliance Department S. H. Hays		Remondy R. Hays
101970	Compliance Department S. H. Hays		Remondy R. Hays
101980	Compliance Department S. H. Hays		Remondy R. Hays
101990	Compliance Department S. H. Hays		Remondy R. Hays

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h. Attachment: Field Compliance Review Checklists.  
(optional to be included in report)

- Entries as columns for: Driver requirement;  
Observed State; Compliance Status
- Entries as rows for items to be checked such as:
  - Inventory: Organization has submitted information for the baseline inventory of operations and other locations of potential beryllium contamination & workers exposed or potentially exposed to beryllium at those locations.
  - Hazard assessment that includes an analysis of existing conditions, exposure data, medical surveillance trends, and the exposure potential of planned activities.
  - Initial Monitoring for all workers in areas that may have airborne concentrations, as shown by the baseline inventory and hazard assessment.
  - Housekeeping (where beryllium is present)
  - Waste Disposal Control the generation and disposal of waste through good housekeeping, hazard analysis, and the application of waste minimization principles.
  - Emergencies - Develop and implement procedures for handling emergencies.
  - Training and counseling: training program for workers who may be exposed and ensure their participation.

FIELD COMPLIANCE REVIEW CHECKLIST (01/2/00)

Department:	Date:
Inspector:	
Reviewed By:	

Item	Item Description	Item Status	Item Action
1	Inventory of Operations: Organization has submitted information for the baseline inventory of operations and other locations of potential beryllium contamination.		
2	Hazard Assessment: Organization has conducted an analysis of existing conditions, exposure data, medical surveillance trends, and the exposure potential of planned activities.		
3	Initial Monitoring: Organization has implemented a monitoring program for all workers in areas that may have airborne concentrations of beryllium.		

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## Attachment 9.2

### Contents of an IHG Corrective Action Plan (CAP)

1. Cover memo prepared on BNL "Memo" letterhead
  - a. Date: date CAP is being transmitted
  - b. Addressee (To:)
  - c. Sender (From:)
  - d. Subject line: such as *FYnn BNL Self-Assessment of the xxxxx Program- Corrective Action Plan*
  - e. Body stating the content of the Attachment which is the *Corrective Action Plan*
  - f. SHSD File Code
  - g. CC: Addressee(s): should be all who participated in the assessment and all assessed.
2. Report Cover Page
  - a. BNL Logo
  - b. Assessment title: such as *FYnn BNL Self-Assessment of the xxxxx Program- Corrective Action Plan*
  - c. Date:
  - d. "Final" or "Factual Accuracy" or "Draft" Status
3. Corrective Action Plan Text
  - a. A brief overview and summary (one to four paragraphs) describing the Assessment the CAP covers, the date of the assessment, and the main topics addressed by the assessment, and the commitment to track the CAP in the BNL ATS or SHSD FATS.
  - b. Table of Corrective Actions (see Attachment 9.3)

The only official copy is on-line at the SHSD IH Group website.  
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## Attachment 9.3

### Format for Corrective Actions Entry into ATS

Assessment #:	<i>This is assigned by ATS entry</i>
Assessment Title:	<i>(Use the Title of the Self Assessment, such as Fynn BNL Self Assessment of the XXXX Program) )</i>
Assessment Owner:	<i>Name of BNL employee, (usually the SHSD Manager)</i>
Assessment Viewing:	<i>Public or Private (Private = SHSD only; Public = SHSD + other organizations)</i>

Condition ID#	nnnn.1	
Condition Title:	<i>(Short description of the condition 60 characters or less)</i>	
Condition Description:		
Condition Owner:		
Condition Due Date:	<i>(longest due date of actions associated with this condition)</i>	
<i>(Action 1 associated with this condition)</i>	Action ID#	nnnn.1.1
	Action Title:	<i>(Short description of the action 60 characters or less)</i>
	Action Description:	
	Action Closure Date:	
	Owning Organization:	
<i>(Action 2 associated with this condition, if needed)</i>	Action ID#	nnnn.1.2
	Action Title:	<i>(Short description of the action 60 characters or less)</i>
	Action Description:	
	Action Closure Date:	
	Owning Organization:	
<i>(Action 3 associated with this condition, if needed)</i>	Action ID#	nnnn.1.3
	Action Title:	<i>(Short description of the action 60 characters or less)</i>
	Action Description:	
	Action Closure Date:	
	Owning Organization:	
<i>Additional Actions if needed for this Condition (nnnn.1.4 – nnnn.1x)</i>		

Condition ID#	nnnn.2	
Condition Title:		
Condition Description:		
Condition Owner:		

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Condition Due Date:	(longest due date of actions associated with this condition)	
(Action 1 associated with this condition)	Action ID#	nnnn.2.1
	Action Title:	(Short description of the action 60 characters or less)
	Action Description:	
	Action Closure Date:	
	Owning Organization:	
(Action 2 associated with this condition, if needed)	Action ID#	nnnn.2.2
	Action Title:	(Short description of the action 60 characters or less)
	Action Description:	
	Action Closure Date:	
	Owning Organization:	
(Action 3 associated with this condition, if needed)	Action ID#	nnnn.2.3
	Action Title:	(Short description of the action 60 characters or less)
	Action Description:	
	Action Closure Date:	
	Owning Organization:	
Additional Actions if needed for this Condition (nnnn.2.4 – nnnn.2.x)		

Additional Conditions with corresponding Actions as needed to cover all Assessment Concerns, Findings. Assessment Observations can be tracked if necessary for closure.
---